

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ yes ☐ no

☒ Mr. Artist

WILLARD TRAUB

(Last Name Last)

Permanent
Address

6 SHEPARD CAMBRIDGE, MA

Street

City

02138

Zip

Tel. 617 661-8086

Area Code

Temporary or
Studio Address

SAME

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the
Western Reserve, which county were you born in? CUYAHOGA

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on
exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all
conditions printed in the entry information.

Signature

Willard Traub

